



**UTILITY PATENT APPLICATION TRANSMITTAL**  
(Only for new nonprovisional applications under 37 CFR 1.53(b))

Docket No. : 51880/CAB/R2682  
Inventor(s) : Joan S. Steffan, Leslie M. Thompson, J. Lawrence Marsh,  
Laszlo Bodai, Judit Pallos, Emma Hockley and Gillian Bates  
Title : METHODS AND REAGENTS FOR TREATING  
NEURODEGENERATIVE DISEASES AND MOTOR DEFICIT  
DISORDERS  
Express Mail Label No. : EV 327291659 US

**ADDRESS TO:** Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

January 29, 2004

1. ☒ **FEE TRANSMITTAL FORM** (Submit an original, and a duplicate for fee processing).

2. **IF A CONTINUING APPLICATION**

☒ This application is a continuation-in-part of patent application No. 10/476,627.

Prior application information: Examiner To be assigned; Group Art Unit: To be assigned.

         This application claims the benefit of Provisional Application No.          pursuant to 35 U.S.C. §119(e) and 37 CFR §1.78(a)(4).

3. **APPLICATION COMPRISED OF**

**Specification**

  51   Specification, claims and Abstract (total pages)

**Drawings**

  30   Sheets of formal drawing(s) (FIGS. 1 to 30)

**Declaration and Power of Attorney**

         Newly executed

☒ Unexecuted declaration

         Copy from a prior application (37 CFR 1.63(d))(for continuation and divisional)

4.          **Microfiche Computer Program** (Appendix)

5.          **Nucleotide and/or Amino Acid Sequence Submission** (if applicable, all necessary)

         Computer Readable Copy

         Paper Copy (identical to computer copy)

         Statement verifying identity of above copies

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**6. APPLICANT(S) STATUS UNDER 37 CFR §1.27**

  X   Applicant(s) and any others associated with it/them under §1.27(a) are a SMALL ENTITY

**7. ALSO ENCLOSED ARE**

       Request and Certificate under 35 U.S.C. §122(b)(2)(B)(i) **Request for Non-Publication**  
       Preliminary Amendment  
       Includes "Cross-Reference to Related Applications"  
       A Petition for Extension of Time for the parent application and the required fee are enclosed  
       An Assignment of the invention with the Recordation Cover Sheet and the recordation fee are enclosed  
       This application is owned by pursuant to an Assignment recorded at Reel , Frame  
       Information Disclosure Statement (IDS)/PTO/SB/08A/B  
       Copies of IDS Citations  
       Certified copy of Priority Document(s) (*if foreign priority is claimed*)  
       English Translation Document (*if applicable*)  
  X   Return Receipt Postcard (MPEP 503) (should be specifically itemized).  
       Other:

**8. CORRESPONDENCE ADDRESS**

**CHRISTIE, PARKER & HALE, LLP, P.O. BOX 7068, PASADENA, CA 91109-7068**  
**Customer Number: 23363**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By Cynthia A. Bonner  
Cynthia A. Bonner  
Reg. No. 44,548  
626/795-9900

**FEE TRANSMITTAL  
UTILITY PATENT APPLICATION**

**DATE: January 29, 2004**

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Inventor(s) : Joan S. Steffan, Leslie M. Thompson, J. Lawrence Marsh, Laszlo Bodai,  
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Title : METHODS AND REAGENTS FOR TREATING NEURODEGENERATIVE  
DISEASES AND MOTOR DEFICIT DISORDERS Duplicate X

**FEE DETERMINATION**

| CLAIMS AS FILED                              |                 |                 |                      |                      |       |
|--|-----------------|-----------------|----------------------|----------------------|-------|
|  | NUMBER<br>FILED | NUMBER<br>EXTRA | SMALL<br>ENTITY RATE | LARGE<br>ENTITY RATE | FEE   |
| TOTAL CLAIMS                                 | 16 - 20         | 0               | x \$9.00             | x \$18.00            | 0     |
| INDEPENDENT<br>CLAIMS                        | 5 - 3           | 2               | 2 x \$43.00          | x \$86.00            | 86    |
| MULTIPLE-DEPENDENT CLAIMS FEE                |                 |                 | \$145.00             | \$290.00             | 0     |
| BASIC FEE                                    |                 |                 | \$385.00             | \$770.00             | 385   |
| TOTAL FILING FEE                             |                 |                 |                      |                      | \$471 |
| List Independent Claims: 1, 5, 8, 11, and 14 |                 |                 |                      |                      |       |

**METHOD OF PAYMENT**

X Payment Enclosed: Check for \$471.00

X The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required during the **entire pendency** of the application to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A duplicate copy of this sheet is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By Cynthia A. Bonner  
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CAB/bl